

texas

November/December 2008

WIC

news

Volume 17, Number 6



2008

An Active Year for Texas WIC

Texas WIC
Dietetic Interns

Special Supplemental Nutrition Program for Women, Infants, and Children

2008 Has Been a Busy Year at WIC

We continued work that was begun in October 2007, when the state agency formed the New Food Rules committees to review the proposed WIC food package changes. We met with stakeholders like food manufacturers, distributors, and grocery store personnel to discuss issues and iron out problems. We held a state meeting in March with local agency WIC clinic staff and began preparing client materials to teach our participants about the changes that will happen in the late summer or fall of 2009.

The long-awaited final rollout of the Electronic Benefits Transfer (EBT) began in Denton in early April. By the end of 2008, about 395,000 more clients will have been converted from vouchers to EBT cards, making a total of more than 525,000 clients using cards. From Denton, the rollout came to Central Texas in Waco and Austin and surrounding communities, then moved into San Antonio and headed east to Port Arthur and Beaumont. Then in July and August it headed north again through Longview, Tyler and Texarkana, and ended up in Dallas and Ft. Worth in October and early November. In January the rollout will continue in Houston and finally move to the Valley. It will be complete by May of 2009.

We continued to monitor our progress using VENA techniques in our clinics. We tweaked forms and held phone conferences to talk about ways to improve this new system. We held a very successful Nutrition & Breastfeeding Conference in July in Austin, which you will read about in this issue of WIC News.

And in the middle of all this, we moved half of our staff from the Moreton Building to join the rest of the staff already housed at 4616 W. Howard Lane. This was accomplished in August and we are still getting used to the new phone numbers.

This year three hurricanes hit the Texas coast. Dolly impacted our Valley clinics from Brownsville to McAllen. Both Eduard and Ike made landfall on the upper Texas Coast in the Galveston area. Ike blew down power lines and disrupted clinic services in some places for weeks.

And with all this going on, the number of clients we serve continued to grow. We began with a caseload of 923,453 at the beginning of January 2008 and by August 2008 we were serving 951,876.

Of course, we couldn't have accomplished any of this without your help. As we look forward to next year, we will finally see the end of the EBT rollout and the new food package implementation. Then we will start the development of our next generation WIN system! Thank you for your hard work and for all you do to serve our WIC clients in the midst of adversity and change.



From the Texas WIC Director - Mike Montgomery



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Texas WIC News (USPS 016-975) is published bimonthly by the Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347. Subscriptions are free. Periodicals postage paid at Austin, Texas.

POSTMASTER: Send address changes to WICNewsSubscriptions@dshs.state.tx.us or WIC News Subscriptions, Texas WIC News, Texas Department of State Health Services, P.O. Box 149347, Austin, TX 78714-9347.

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Comments may be sent to the managing editor at Publishing, Promotion, and Media Services, P.O. Box 149347, Austin, TX 78714-9347, or by e-mail to WICNewsEditor@dshs.state.tx.us.

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Childhood and Adolescent Weight Management Conference



WIC Counselors Can Make a Huge Difference in Childhood Obesity

by Tiffany Brown, R.D., L.D.
Clinical Nutrition Specialist

Last summer, several dietitians at the state agency attended a Childhood and Adolescent Weight Management conference in Austin. The conference covered topics focusing on the assessment, prevention, treatment, and behavioral management of pediatric obesity. The term “obesity” has recently been adopted to describe children whose BMI (Body Mass Index) category ranks > 95th percentile for age. Before 2007, “overweight” was the term used to classify children whose BMI fell into this category. The change in terminology came about because of the National Initiative for Children’s Healthcare Quality expert committee recommendations.

Behavioral and environmental factors, including diet and exercise, are among the various causes of childhood obesity. Today, children are consuming more calories, snacks and sodas as well as eating more meals away from home. Parents have less control over their children’s eating habits because kids are preparing more of their own meals and snacks. Changes in our environment have an impact on overall physical activity. Many communities are not suited for walking or biking, and access to recreation facilities is limited. Not only are fewer kids walking to school because of safety concerns, but daily physical education in school is less common than in the

past. Attraction to sedentary activities such as video games, computers, and television is more and more common among our kids.

What is the best way to manage our children's weight? The answer is multi-factorial:

- Healthy eating
- Increased physical activity
- Decreased sedentary activity
- Behavior modification
- Family-based change

Preventing pediatric obesity requires family support and parent education. As counselors in WIC, we can make a huge difference in this area. By encouraging changes in the home environment that promote healthy eating and increased physical activity, we can help parents break unhealthy patterns that lead to obesity in children. These changes won't happen overnight. Change must come gradually for parents to experience success. Establishing just one nutrition or activity goal a visit can go a long way toward creating a nutritious, physically active home environment. The following are sample strategies and goals to help get families started.

- Educating the parent should start as early as infancy by promoting breastfeeding. It's also important that the parent learns to respect the baby's innate feeding cues and recognize signals of satiety. Since physical activity should be a natural part of every day, we should encourage parents to set aside time each day for unstructured play — including exploring the outdoors together during walks and bike rides.
- During the preschool years, we should educate parents on improving the nutritional quality of meals and snacks. This would include reducing fast-food meals to less than once a week, selecting healthy snacks, and involving their children in grocery shopping and meal preparation. Physical exercise goals during this stage

of life should focus on replacing sedentary activities, such as television viewing and computer time, with active play. Children's screen time (TV and computer screens) should be limited to less than two hours a day.

- As kids get older, it's important for parents and children to enjoy meals together as a family. Parents should be encouraged to turn off the TV during meals and to consume food and drinks only in kitchen and dining areas. Strategies for physical exercise could include taking part in local sport, dance or activity programs targeted at kids. Informal games such as tag and kick ball allow kids to self-regulate their activity level.

The family environment has a great impact on a child's ability to achieve a healthy weight as well as build a lifetime of healthy habits. When families replace unhealthy practices with healthy habits over time, they can get successful results for the entire family. Since WIC intervenes with families as early as infancy, we can play a huge part in helping parents become positive role models for eating and activity behaviors.

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Changing Our Counseling Skills in Order to Promote Behavioral Changes in Our Clients

Catherine Plyler R.D., L.D.
Formula Specialist

As dietitians and nutritional counselors, we are often faced with the difficult task of motivating clients to change existing behaviors. Dealing with non-compliant clients is one of the most frustrating aspects of our profession. Many health-care workers who counsel clients in life-changing behaviors are searching to improve their methods to help facilitate change. One promising approach is called “Motivational Interviewing.” As a counseling method, motivational interviewing was initially used exclusively to treat addictive behaviors, such as drug abuse and alcoholism. However, the method is gaining ground in the treatment of other conditions such as diabetes and obesity. For example, the American Dietetics Association sponsored training in Childhood and Adolescent Weight Management focused on using these techniques when working with obese and overweight pediatric patients.

What is Motivational Interviewing?

Motivational interviewing was originally defined by creators Dr. William R. Miller and Dr. Stephen Rollick as a client-centered directive counseling method for motivating clients to embrace change. The premise of this technique is that behavior change will be achieved more by motivation than by information. The counselor employs specific techniques and strategies, such as reflective listening, shared decision making and agenda setting to help clients work through obstacles to behavioral



changes. The counselor generally makes no direct attempt to convince or persuade the client to change. Motivational interviewing is a form of guidance as opposed to other methods that focus on advice and persuasion. The idea is that clients are more likely to change and stick with new behaviors if they have actively made a decision to do so.

Motivational Interviewing Techniques

There are five fundamental counseling techniques used in motivational interviewing:

- Open-ended questions to self-motivate the client
- Reflective listening
- Eliciting change talk
- Affirmations
- Summarizations

Open-ended question to self-motivate the client:

In a typical motivational interview, the counselor would first ask permission from the client to discuss a situation or topic. For example, *“Is it okay with you if we discuss your child’s weight today?”* Open-ended questions would then be asked to direct a client’s attention to change. Instead of asking a question such as, *“Do you see any connection between your child’s weight and his health?”* An open-ended question would be *“Tell me about what you feel, if any, is the connection between your child’s weight and his health?”*

Reflective listening: The client’s response sets the stage for the counselor to engage in reflective listening. The counselor must rely on listening skills to interpret what the client is saying and then confirm these statements back to the client. Reflective listening shows the client that the counselor is interested and engaged. With this technique the counselor forms a statement rather than a question, i.e., *“It sounds like you are feeling ___.”* Reflective listening affirms and validates the client’s personal assessment of the situation and further, it keeps the client thinking and talking with the counselor. These reflections are important and vital to rapport-building and direct the client to topics that help elicit change-talk.

Eliciting change talk: Eliciting change talk involves values clarification and probing questions. Clients may be asked to estimate how confident they are that a certain behavior could be changed on a scale from 0 to 10, with

10 being the highest. The counselor would then follow up with two probes. For example, if the client answered “five,” the counselor would ask, *“Why did you not choose a lower number, like 3 or 4?”* This would be followed by *“What would it take to get you to six or seven?”* These probes elicit positive change-talk and ideas for potential solutions from the client.

Affirmations: In closing the session, the counselor may make positive affirmations to build rapport and provide the client with support. An example of an appropriate affirmation is telling a client, *“... you really took a big step today toward understanding the problem at hand; that’s a huge challenge to overcome.”* However, it is important to note that affirmations can be overused and then become less meaningful.

Summarizations: Finally, summarizations are used to reinforce the discussion that took place during the session. The counselor can start with, *“Let me see if I understand what you’ve told me so far ...,”* and then follow up by asking the client if there is anything else that needs to be added or addressed.

Summary

Studies are being conducted on incorporating these techniques as effective counseling tools in a variety of settings. Dr. Robert Schwartz et al. performed a feasibility study of motivational interviewing to prevent childhood obesity and concluded that motivational interviewing counselors rely heavily on reflective listening to encourage patients to find their own meanings for change as well as their own solutions. Pediatricians and registered dietitians in this study felt they needed more role playing experience using open-ended questions, reflective listening, building motivation, and eliciting change talk. At a recent Childhood and Adolescent Weight Management conference conducted in Austin, attendees were able to observe and role-play the techniques described. Continued practice and additional training is essential to developing the necessary skills to conduct these interviews successfully. As we move to more client-centered counseling like Value Enhanced Nutrition Assessment (VENA), there is sufficient evidence to encourage nutritionists and dietitians to consider obtaining training in motivational interviewing and incorporating these techniques into their practices.



The New Face of WIC

By Lauren Christian, R.D., L.D.
Nutrition Education Consultant

Over 500 attendees gathered from across Texas for *The New Face of WIC*, the 2008 Texas WIC Nutrition Education and Breastfeeding Conference in Austin. From new food package changes to childhood obesity and sports nutrition, this year's conference covered a diverse range of topics.

"Preparation for the conference involved assessing the needs of WIC staff and the changes they have faced," said nutrition training group manager and this year's conference coordinator, Hellen Sullivan.

Pre-Conference Workshop

Prior to the two-day conference, many staff participated in a full day pre-conference workshop, which offered three options:

- "Anticipatory Guidance and Motivational Interviewing" by Dr. Bonnie Spear
- "Hooked on a Feeling: How to Harness Emotions to Change Behaviors" by Pam McCarthy, M.S., R.D.
- "Survival Spanish" by Esther Diaz



The Conference

The conference began each day with a networking breakfast to encourage participants to catch up and share best practices. Following opening remarks were the breakout sessions and workshops. Attendees chose between a variety of workshops within three tracks: *Value Enhanced Nutrition Assessment (VENA)*, *Breast-feeding*, and *Nutrition*.

Here are a few highlights:

- **Opening speaker** Pam McCarthy, M.S., R.D., creator of emotion-based WIC materials, gave a particularly moving presentation on “How to Harness Emotions to Change Behaviors.” Her message hit home when she shared quotes from WIC clients across the country and encouraged the audience to “connect the dots between nutrition education and our clients’ hopes and dreams.” Staff can go to her website at <http://www.touchingheartstouching-minds.com/> to learn more about her work and how to tap into clients’ emotions to facilitate behavior change. McCarthy’s presentation was very timely and appreciated by staff as we move forward with VENA.
- **Breakout sessions:**
 - Dr. Stephen Ponder’s presentation, “Children of the Corn Syrup,” gave attendees an entertaining look at the effects of environmental factors on childhood obesity. For those who missed his presentation, it is available on DVD through the state agency.
 - In a session titled “The Feeding Relationship and Weight Counseling the Overweight Child,”
- Dr. Bonnie Spear reviewed the latest research on childhood obesity and motivational interviewing techniques.
- Sports dietitian to The University of Texas basketball and swimming teams, Amy Culp, reviewed basic principles and updates on sports nutrition in her session on “Sports Nutrition for Every BODY.”
- In the workshop titled “Redirecting the Breast-feeding Mom Seeking Formula,” state staff encouraged participants to share ideas on breast-feeding promotion and how to help frustrated mothers overcome barriers.
- In a session titled “Where Baby Boomers May Be Bombing Out: Working Well with Generation X & Y Women,” Diane Powers, IBCLC, discussed generational differences and their implications when working with today’s breastfeeding moms.
- In an interactive “Formula Approval Workshop,” clinic services staff guided attendees in practicing formula approval decision making.
- In his session titled “When Differences Make a Difference: The role of Cultural Orientation in Communication,” Dr. Jose Reyes addressed how to communicate effectively in the context of cultural diversity.
- During the session titled “Value Enhanced Nutrition Assessment: Bridging the Gap,” state agency

(continued on page 10)

Photos: 1. FASD Speaker, June Villarreal. 2. Speaker, Gail Gresham. 3. Attendees from LA #12 accepting certificates acknowledging poster display. 4. Speaker, Brian Castrucci. 5. Ameda Breast Pump exhibit with representative Ellen Phillips and attendees from Williamson County. 6. Liz Bruns speaking to attendees during formula approval workshop. 7. Speaker, Pam McCarthy. 8. Hemocue exhibit. 9. Attendees at the Trinidad Benham exhibit. 10. Attendees from LA #12. 11. Attendee accepting door prize. 12. Speaker, Dr. Stephen Ponder. 13. Speaker, Dr. Jose Reyes. 14. Attendees enjoying healthy snacks between sessions. 15. Patti Fitch at the SENECA exhibit. 16. Linda Brumble. 17. Speaker, James Florez.

The New Face of WIC

(Continued from page 9)

staff discussed successes, challenges and lessons learned during the first year of VENA.

- **Exhibit hall:** The exhibit hall buzzed with excitement with over 30 exhibitors. Some vendors provided samples of their products to be incorporated in the new food package, while other exhibitors showcased Client Centered Nutrition Education (CCNE), breast pumps, and educational materials. Local agencies who received obesity grants over the past year showcased posters on their projects. Other local agencies displayed posters and shared ideas promoting breastfeeding.
- **The closing:** Keynote speaker, Suzie Humphreys, gave a hilarious and unforgettable presentation on “Life Is What Happens To You While You’re Making Other Plans.” Her motto, “*I can do that*,” was inspirational and summed up how everyone felt after three great days of the conference.

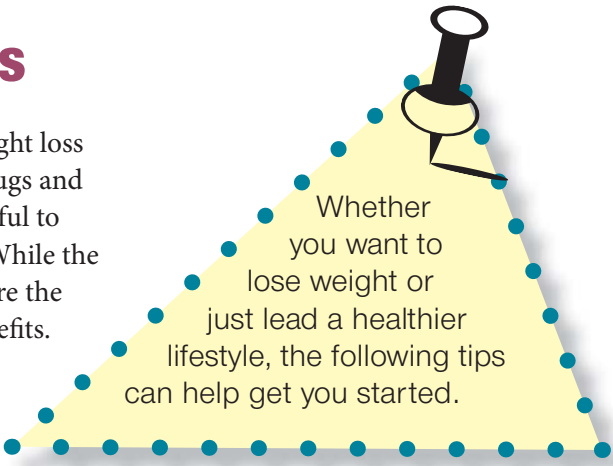
“Nutrition Education and Clinic Services sections came together with representatives from both areas to identify the topics we needed to address. This was truly a group effort and the team did a great job of putting the agenda together and identifying content experts to provide the information,” conference coordinator, Sullivan said. “Thank you also to the group at Swift Solutions who helped to organize the logistics of the conference. A Texas size thank you to all of the participants who also added to the success of the conference.”

Posters



Top Ten Weight Loss Strategies

Losing weight is a common goal for many Americans. Weight loss strategies abound, but many “quick fixes” like dieting drugs and fad diets don’t offer long-term results and may even be harmful to your health. The ten tips below support lasting weight loss. While the best weight loss methods are generally not the easiest, they are the most effective at sustaining long-term results and health benefits.



Whether you want to lose weight or just lead a healthier lifestyle, the following tips can help get you started.

Ten Tips for Successful Weight Loss

- ① **Eat breakfast:** While you might think skipping breakfast will help you consume fewer calories, think again! A healthy breakfast helps ward off the temptation to snack or overeat at lunch. In one study, 75 percent of those who sustained weight loss beyond a year ate a healthy breakfast every morning.
- ② **Keep a food log:** Studies show that people who keep food logs are more likely to lose weight. Keeping a food log helps you track your calories and makes it easier to monitor what you eat.
- ③ **Eat mindfully:** Did you know that 75 percent of overweight people stress eat? Stress eating is eating to cope with stress, boredom, a tight schedule, or exhaustion. The next time you reach for a candy bar, think about why you are eating and ask yourself if you could eat an entire apple. If the answer is no, then you are probably stress eating.
- ④ **Size matters – portion control counts:** Over the years, restaurant portions have increased dramatically. Eight ounces of soda was once considered a standard size, but many restaurants now offer free refills and 32 ounce cups. Try to visualize portions: a deck of cards for a serving of meat, a light bulb for a serving of vegetables, and a tennis ball for a serving of pasta or rice. By reducing portions, you are reducing the number of calories consumed.
- ⑤ **Exercise on a regular basis:** Physical activity is necessary in maintaining long-term weight loss. Exercise burns calories and creates muscle mass. Greater muscle mass results in a higher metabolism. While recommendations include moderate exercise for 30 minutes a day, 5 days a week, those looking to lose weight should increase to 60 or 90 minutes. Choose an activity you enjoy to avoid boredom and the temptation to drop your routine.
- ⑥ **Keep tabs on your weight:** Weigh in weekly to stay on track; but avoid weighing in more often since weight can fluctuate from day to day.
- ⑦ **Turn off the TV:** Sitting in front of the TV or computer uses very few calories and encourages needless snacking. Instead, try going for a walk or taking up a hobby.
- ⑧ **Organize your healthy habits:** Make healthy habits a part of your daily life. Plan your meals ahead of time to avoid last minute high fat options and when you go to the store stick to a list. Schedule time to exercise. A healthy routine can make weight loss an achievable goal.
- ⑨ **Eat low-energy-density foods:** If eating small portions sounds like deprivation, try eating larger portions of healthy foods such as fresh fruits and vegetables. These foods give you essential vitamins,

(continued on WIC Wellness Works - 2)



Be Active During the Holidays

During this time of year, it is extra challenging to maintain your full exercise routine. Additional work, home, and community commitments can take up any extra time you have to exercise. Having an “all or nothing attitude” about exercise will leave you feeling blah. Select tips to help make sure you stay moving as you celebrate the season.

Physical Activity – Shopping is a great way to get in physical activity. First make sure you don’t go to the mall hungry. Park a distance from the mall entrance. Once inside, walk around the mall before shopping. Try to work in one more trip around the mall before leaving. Make a concerted effort to get more physical activity at work. March in place while you talk on the phone. Take the stairs whenever you have a chance.

Exercise – Work in 10 minute walks during breaks. Ask a family member to walk with you in the evening. You’re spending time together *and* getting exercise! Walk or jog while you watch your favorite family holiday special. Do push-ups and sit-ups during commercials.

Keep in mind — doing *something* is better than nothing. You may be working off some of yesterday’s party food!



Top Ten Weight Loss Strategies *(continued from WIC Wellness Works - 1)*

nutrients, and fiber without empty calories and fat. A nutritious sandwich and fresh fruit can be just as filling as a fatty burger, but without unwanted calories and fat. Start meals with a broth based soup or salad.

- ⑩ **Stay positive:** Remain optimistic and realistic! Remember, you notice health benefits even with a modest weight loss (NHLBI 1998). A positive attitude can help you stay on track, overcome setbacks and become a healthier you!

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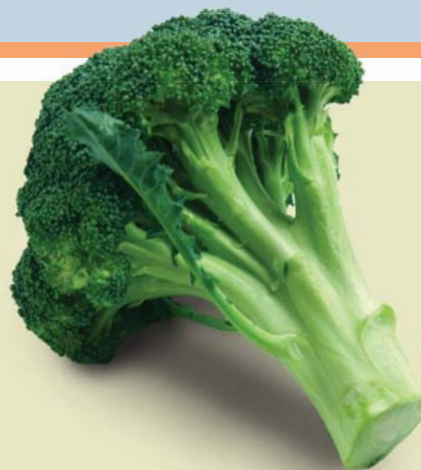


Broccoli, Cheese, and Rice Casserole

From *Cooking Light*, November 1999

Ingredients:

- 1 cup uncooked instant rice
- ½ cup chopped onion
- ¼ cup fat-free (skim) milk
- 4 ounces light processed cheese, cubed (such as Velveeta Light)
- 2 tablespoons butter, softened
- 2 (10-ounce) packages frozen chopped broccoli, thawed and drained
- 1 (10.75-ounce) can condensed reduced-fat, reduced-sodium cream of mushroom soup, undiluted



Directions: Combine all ingredients in a large bowl and spoon into a 2-quart casserole dish. Bake at 350° for 45 minutes.

Yield: 8 servings (serving size: ½ cup)

Calories: 137; Fat: 4.4g; Cholesterol: 8mg; Sodium: 410mg; Carbohydrates: 19.2g

Maple Sweet Potato Casserole

From *Cooking Light*, November 1995

Ingredients:

- 1/3 cup yellow cornmeal
- 1 ½ cups skim milk
- 2 tablespoons butter
- 2 cups mashed cooked sweet potato (can make fresh or purchase canned)
- 1/3 cup maple syrup
- ½ teaspoon salt
- ½ teaspoon ground cinnamon
- ¼ teaspoon ground allspice
- ¼ teaspoon pepper
- 1 egg plus 2 egg whites, lightly beaten
- Vegetable cooking spray



Directions: Place the cornmeal in a medium saucepan. Gradually add milk, stirring with wire whisk until blended. Bring to a boil; reduce heat to medium. Cook, uncovered, 2 minutes, stirring constantly with wire whisk. Remove from heat; stir in margarine. Set aside. Combine sweet potato, syrup, salt, cinnamon, allspice, pepper and eggs in a large bowl; stir until well blended. Gradually add cornmeal mixture, stirring constantly. Pour sweet potato mixture into a 1½ quart casserole dish coated with cooking spray. Bake at 350° for 40 minutes. Let stand 10 minutes before serving.

Yield: 8 servings (serving size: ½ cup)

Calories: 204; Fat: 4.7g; Cholesterol: 28mg; Sodium: 232mg; Carbohydrates: 35.8g



Harris County WIC: A High Measure of Success



Employees at Harris County WIC (LA 48) joined WIC Wellness Works (WWW) in early spring of this year, and have already made significant changes to their health and their lives. By mid-summer, 11 of the 18 participating staff at the clinic had lost, collectively, over 57 inches and 37 pounds.



Above: Martha Meneses checking Diana Vargas' blood pressure so results may be documented in the WWW binder.

Many from this group credit their dynamic wellness coordinator, Martha Meneses, with their success. She measures and weighs the staff every month and tracks their progress on paper. Joy Hamilton, the site supervisor said, "I really think if it wasn't for Martha measuring us, we probably would've quit a long time ago."

Meneses added, "You know, we started losing inches first before we saw it on the scale. Writing measurements down really helped a lot because they could see, 'I haven't lost weight, but I lost two inches...' and that keeps them from getting discouraged."

Participating in the WWW Walk Circles around Your Scale program got everyone in the clinic moving and created momentum both at home and at work. Hamilton explained, "Sonia joined the YMCA. Diana was going walking every day and just recently joined the gym. I joined a jazzercise class, and Martha sometimes rides her bike to work. People are starting to go outside of what we're doing here at work and are expanding their healthy habits."

The staff uses every opportunity to educate each other about wellness. "We have a drawing of the plate model hanging up in the lunch room to remind everyone that half the plate should be filled with vegetables. Protein is in one color and starch is another," explained Meneses.

"When they first saw the plate model, they were shocked," Hamilton said.

That kind of information, along with encouragement from the team, paved the way for healthy change. "People get in a rut where they're comfortable with what they're doing, even when it's not good for them. By starting WWW, people got the support they needed to change. Support makes a huge difference," Hamilton said.

In advising WIC wellness seekers Meneses said, "Hang in there. If you really stick to the information that the wellness program provides, you'll see results." And, she added, "Eat your vegetables."



Above from left to right: Jennifer Phoenix, Glenda Conde, and Yuleivis Padilla participating in the Walk at Home 3 mile weight loss video.

Leadership Skills Of Texas WIC Director Awarded By National WIC Association

"I was so surprised that I was flabbergasted," says Mike Montgomery, Texas WIC director. "My staff nominated me, and they managed to keep even a hint of it away from me."

The Leadership Award from the National WIC Association was presented to Mike Montgomery on May 28 at the association's 25th annual national conference, held this year in Minneapolis.

A group of WIC staff nominated him for the award. Patti Fitch, manager of Clinic Services in the section's Nutrition Education and Clinic Services Unit, wrote out the majority of the nomination form.

The colleagues wanted national recognition of Montgomery's leadership in implementing the WIC Electronic Benefit Transfer system and in making preparations for changes to the food packages that are received by WIC participants.

"Mike pioneered the new technology standards for EBT and led the establishment of national standards," says Fitch. "He developed strong partnerships and insisted on an innovative business model that ensured cost-effectiveness not only for Texas, but for all states. He laid the foundation for other states to follow."

The EBT rollout in Texas started in 2004 and is set to be completed next spring.

"Mike meets the true definition of a leader," says Karen Clements, manager of the section's Program Development Branch. She introduced Montgomery at the awards luncheon in Minneapolis. "He sets a vision, creates a path, and motivates others. He makes everyone believe that the vision is possible."

"We're proud to announce that Mike was honored with this leadership award," says Evelyn Delgado, assistant commissioner for the DSHS Division of Family and Community Health Services. "If it were up to me to choose the award's name, I'd call it the 'Leadership and Dreamer Award' for Mike's innovation and for his ability to look beyond today, and beyond Texas."

— by Shelly Ogle

(WIC News Briefs continued on page 12)



Texas WIC Has A Voice on the National Level

The U.S. Department of Agriculture has appointed Assistant Commissioner Evelyn Delgado, Texas Department of State Health Services - Family and Community Health Services Division, to the National Advisory Council on Maternal, Infant and Fetal Nutrition Council for a three-year term. The 24-member Council plays an important role by studying the operation of the Special Supplemental Nutrition Program for Women, Infants and Children and programs servicing similar populations and submitting biennial recommendations to the President and Congress.

At DSHS, Delgado provides leadership to a team of 400 dedicated staff focused on improving the health of mothers, women of childbearing age, infants, children, adolescents, and persons with special health care needs. In addition to the WIC program, Delgado oversees a wide range of programs including Family Planning, Prenatal Care, Oral Health, Breast and Cervical Cancer, Primary Health Care, County Indigent Health Care, Children with Special Health Care Needs, Kidney Health Care, Hemophilia Assistance, Epilepsy Services, Newborn Screening, Texas Health Steps, Case Management for Children and Pregnant Women, Newborn Hearing Screening, School Vision and Hearing Screening, and School Spinal Screening.

As a newly appointed member of the Council, Delgado looks forward to representing the people of Texas. *"I am honored to sit on the National Advisory Council for WIC. It is an excellent opportunity for me to share our Texas WIC Program experiences nationally and to benefit from other stakeholders experiences."*



Van Eck Receives Award for Contribution to the New Food Package

Mary Van Eck also received an award at the National WIC Association's 25th annual national conference. As a member of the WIC Cultural Foods Workgroup, Van Eck received this award "in grateful recognition of efforts in helping to create NWA policy that led to the Institute of Medicine recommendations and the USDA Interim Final Rule to transform the WIC food packages assuring greater nutritional health for WIC mothers and young children."

This taskforce, with members from all parts of the country, met through conference calls and a meeting in Washington DC, to develop the NWA position paper on Recommendations for WIC Package changes.

"It is a great privilege to have contributed to the food package changes, which will increase choice and flexibility and bring positive health benefits to our WIC participants," says Van Eck.

The new WIC food packages for participants will be introduced in October 2009.



State Agency and Local Agencies Respond to Hurricanes

The 2008 hurricane season proved to be especially active for the state of Texas. The first official hurricane of the season to make land, Dolly, hit southern Texas in July. Many local agencies in south Texas were forced to reschedule clients and make extraordinary provisions to serve those affected. Cameron County WIC program staff worked extra hours to hand out water to local residents and participate in cleanup and mosquito abatement activities. Hurricane Gustav, which made landfall along the Louisiana coast in September, also affected Texas as Louisiana participants evacuated here.



Rob Wilson hands Amelia Day (right) a laptop as Aleatha Draine (center) looks on.

beneficial to the agency since one of the clinics, including the equipment and data, was completely destroyed. Banegas was able to hand deliver the back up tapes to Rob Wilson the team lead systems analyst with the WIC Field Support group in Austin. These tapes were used to reload the participant information on a laptop that was then returned to Houston with her. As a result the agency was able to relocate the clinic and begin serving participants at an alternative site within days of the hurricane.

Since she evacuated to a location close to Austin, Nell Northcutt from Chambers County Health Department WIC delivered back up tapes to the WIC Field Support group where a laptop was loaded and returned to Anahuac with her.

Amelia Day, technical systems manager, and Aleatha Draine, nutrition specialist, staff from Harris County Public Health WIC were provided emergency approval to drive the agency's backup tapes to Austin for loading onto replacement computers. They also transported several boxes of bottle nipples back to the local agency for distribution to participants issued eight ounce bottles of ready to use formula due to lack of electricity and access to a clean water supply. They left Austin loaded down with nipples and portable computers, printers and scanners. With these computers the agency was able to open affected clinics on the Saturday following their Friday visit to Austin.

Hurricane Ike hit the Texas coast Saturday, September 13, 2008. The recovery from this storm began immediately as the state agency started contacting local agencies to assess the extent of the damage. The effects ranged from loss of electricity at some sites to destruction of entire clinics. The state agency was able to get an early assessment of the damage due to the diligent efforts taken by local agency directors in maintaining contact with the state agency. In some cases, local WIC directors maintained contact via cell phones at locations far from home. Jamie Harris, WIC director with Beaumont Public Health Department participated in several telephone conference calls from Louisiana where she and her family evacuated.

As directed, most agencies took the computer backup tapes with them as they evacuated. Rosalinda Banegas from the UT Health Science Center WIC program evacuated to Austin from Houston. Before leaving she was provided with the agency's back up tapes. This proved

These are just a few examples of the many incredible efforts put forth by WIC staff. "My staff are awesome; no complaining, they just rolled up their sleeves and started serving clients," said Karen Gibson, WIC director from UT Health Science Center in Houston.

Cleanup continues. As the days pass we continue to hear of amazing acts of kindness and humanity put forth by our WIC staff. We want to thank all staff who have gone well above and beyond the call of duty to ensure that all participants continue to receive uninterrupted service during these events. – by Shirley Ellis

Photos courtesy FEMA at <http://www.photolibrary.fema.gov/>



Ike - Galveston, 9/17/08
Photo by Robert Kaufmann



Ike - Sabine Pass, 9/17/08
Photo by Jocelyn Augustino



Dolly - Brownsville, 7/23/08
Photo by Jacinta Quesada



Dolly - Los Fresno, 7/28/08
Photo by Patsy Lynch



2008 Texas WIC *Dietetic* Interns

Ryan Rios

Ryan Rios's passion for health awareness and its parallels with food directed him into the nutrition field. Becoming a registered dietitian has been his goal from the start. "Since graduating college and working as a nutritionist I learned that registered dietitians received a greater level of responsibility due to additional education and experience received during and after their internship," he said.

He hopes to apply the extensive knowledge gained from this internship in his current position with WIC, especially concerning high risk counseling. "This will help enrich the program and further prepare me for the registered dietitian exam," he said.



Jennifer Pruett

Jennifer Pruett has had a personal interest in nutrition for quite some time and was excited to find out that she could follow this interest as a career path.

Since school, she has enjoyed working with WIC. "Given the opportunity to further my career through this internship, the program was an answer to a prayer," she said. "This training is providing good experiences to prepare me to return to my local WIC agency as a high risk nutritionist."

She also feels the internship has given her insight towards a long term career goal of developing a private practice as a pediatric dietitian.



Aleatha Draine

Aleatha Draine began studying nutrition her junior year in college. "Coming from a family where obesity is prevalent, I have always been interested in food consumption and physical fitness," she said.

After working for WIC a couple of years, She felt prepared for a dietetic internship. "WIC has been a great tool for learning and growing in my career ... I believe that the Texas WIC dietetic internship is one of the top internship programs available."

When this internship ends, she plans to return to her local agency as a high risk dietitian.



Christiana Vo



Christiana Vo's interest in nutrition is as simple as "I enjoy eating food, so I figured learning about it would be just as fun," she said.

She was prompted to apply for the internship because "I wanted to be able to grow in my profession and increase my knowledge of nutrition," she said.

After the internship, She looks forward to being able to give in-depth counseling to WIC participants to help them make positive changes in their lives. "This internship has been a great experience because it definitely pushes you out of your comfort level. It constantly challenged me to manage my time, build relationships, and speak confidently," she said.

Maggie Saldana

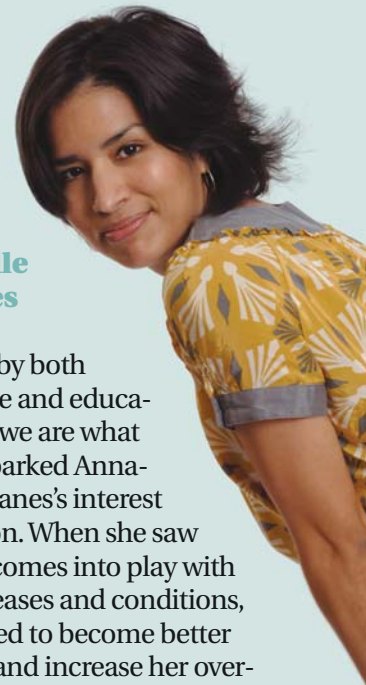
Maggie Saldana has been interested in learning about making healthy choices and maintaining a healthy weight since high school. "However, I changed my major several times before deciding to pursue a degree in nutrition ..." she said.

She was prompted to apply for the WIC Internship when she heard of the great learning experiences offered by the program.

She plans to use the training gained through the internship to help educate others, and "hopefully help to make a difference in their health."



Annabelle Arellanes



Realizing by both experience and education that "we are what we eat" sparked Annabelle Arellanes's interest in nutrition. When she saw how diet comes into play with many diseases and conditions, she decided to become better qualified and increase her overall knowledge of nutrition.

She strongly believes that nutrition starts with children. She plans to utilize her internship training to provide high-risk counseling to special needs children and families. Completion of her RD will help make a fellowship in neonatology possible. She someday hopes to be able to provide services to families with premature babies.

Shadan Kasiri



Shadan Kasiri's interest in nutrition came as a result of encouragement from her dad who suggested she look into the nutrition program at The University of Texas. "After taking my first introductory nutrition class, I changed my major to nutrition," she said.

Her first goal following graduation was to obtain her RD license. She decided to work before applying for an internship and obtained a position as a nutritionist at WIC. "I learned about the Texas WIC dietetic internship and decided that it would be a great fit for me," she said. "As soon as the opportunity arose, I applied for the internship."

With the training she receives from the internship, she hopes to be able to provide better nutrition and high risk counseling to WIC clients and possibly create nutrition education lessons for WIC.

“Breakin’ Up Is Hard to Do”

By Linda Brumble, M.A., B.S.
Unit Manager, NECS

The title of my article comes from one of my favorite songs in high school. Words and music are by Neil Sedaka. The lyrics said.....
“If you go, then I’ll be blue, ‘cause breakin’ up is hard to do....”

What does this have to do with customer service?

Excellent customer service creates “customer loyalty.” The loyal customer is the potentially eligible, pregnant woman who comes to WIC, stays eligible and puts her baby on the program when it’s born. She keeps the child on until the age of five, taking advantage of all the nutrition, referral, and health benefits that WIC offers. She doesn’t “break up” with WIC until she or her child is no longer eligible.

Why is this important?

Besides the obvious benefits for the clients, as mentioned above, there are benefits for your clinic as well. The number of clients you see each month determines how much your clinic earns. More clients means more funding available for salary increases, training, upgraded facilities and other things that make your job better and easier.

Statistics show that on average, American businesses spend seven times more money at attracting new customers than is needed to keep existing ones. The “loyal” customer means, for them, an increase in profitability. Buchanan and Gilles (1990) report the increase in profitability occurs because of several reasons:

- Long-term customers initiate free word of mouth promotions and referrals.
- Regular customers are less expensive to service because they are already familiar with the processes involved and need less “education.”
- Increased customer retention and loyalty makes the employees’ job easier and more satisfying. In turn, happy employees feed back into higher customer satisfaction in a virtuous circle.

These same reasons apply to WIC clinics — not for “profitability” — but for job security and employee satisfaction. Think about it. When you get a returning client who’s been happy with your service for several visits, isn’t recertifying that client easier than teaching a new client who doesn’t know anything about which papers to bring, which Medicaid form to use, how to dress her child to have it’s height and weight taken, or how to use a voucher or an EBT card at the grocery store?

So while you are doing outreach to get new clients, do some things to create “loyal” WIC customers.

To keep WIC customers “loyal” to your program, the *AllBusiness* Web site suggests the following tips:

1. Communicate with your clients. Use cards or call backs to remind them about their appointments.
2. Give excellent customer service. Meet customer needs by honoring their time.
3. Know your services. Make sure all staff know and understand everything they need to about the WIC Program and are able to answer questions.
4. Be reliable. If you promise a client that he or she will be finished in an hour, be sure to keep that promise.
5. Be flexible — as much as you can. Try to solve customer complaints to the best of your ability.
6. Put people over technology. The harder it is for a customer to speak to a human being when he or she has a problem, the less likely it is that you will see that customer again.
7. Know their names. Get to know the names of regular customers or at least recognize their faces. Call them by their names, yet be formal unless they give you permission to use their first name.

Remember, losing even one certified WIC customer costs your clinic money. Losing a lot of clients can cost you your job. And besides, you miss the ones that leave early like that precious baby who just turned one year old.

"If they go, then you'll be blue.....'cause breakin' up is hard to do."

Sources: Buchanan, R. and Gilles, C. 1990.

"Value managed relationship: the key to customer retention and profitability," European Management Journal, vol. 8, no. 4

AllBusiness, A D&B Company. <http://www.allbusiness.com/sales/customer-service/1961-1.html>

"The loyal customer ... puts her baby on the program when it's born, and keeps the child on until the age of five ..."



By Tonia Swartz, R.D., L.D.
Clinical Nutrition Specialist

Lipids

You may have heard in recent news reports that there has been a change in policy by the American Academy of Pediatrics (AAP) for cholesterol screening and treatment recommendations for children. Of particular interest to WIC, is the recommendation for low-fat dairy products (including milk) for children as young as 12 months where weight, or family history of obesity or heart disease is a concern.

This new report is entitled, “*Lipid Screening and Cardiovascular Health in Childhood*.” According the AAP, when screening for cardiovascular disease (CVD), children who are overweight or obese belong in a special risk category regardless of the absence of other risk factors or absence of family history of heart disease. This has become such a concern that the AAP is releasing their report with “new urgency.”

Lipid Research Clinic data has also shown that serum lipid concentrations and lipoproteins increase in early childhood and by approximately 2 years of age can reach concentrations similar to those of young adults. Interestingly, the National Health and Nutrition Examination Surveys have shown that total cholesterol levels can also vary by age and maturation development, gender and ethnic groups.

In part, the AAP has recommended the following:

1. Emphasize all children older than 2 years, follow the Dietary Guidelines for Americans and using reduced fat milk for children 12 months to 2 years old.
2. Diet and nutrition counseling continue to be emphasized for those children and adolescents who are defined as high risk for CVD and with high LDL cholesterol.
3. Performing screens of fasting lipid profile for those with a family history of dyslipidemia or early CVD, as well as those where family history is not known or have other risk factors, including overweight and obesity.
4. For pediatric patients who fall into the category of being overweight or obese, and who also have low HDL cholesterol and high triglyceride levels, the primary approach to treatment should be weight management.
5. For children younger than 8-years old who have a “dramatic” elevation of LDL (>500 mg/dL) will need pharmacologic intervention.

Source: To read the full report, go to <http://www.pediatrics.org/cgi/content/full/122/1/198>.

How Many Calories Is Your Child Drinking?

Do you ever stop and think about the calories in a soda or fruit juice before you give them to your child? Or do you think, “What does one glass hurt?” Just how healthy are these drinks? WIC provides 100% fruit juice, it must be healthy, right? How many of the calories from sugar-sweetened beverages (SSB) and 100% fruit juices (FJ) contribute to daily energy (calorie) intake? Do these calories correlate with the trend of overweight and obesity in children and adolescents we now see in the United States?

In an article published by *Pediatrics*, the official journal of the *American Academy of Pediatrics* (AAP), June 2008, authors found between 1988-2004, all age groups (2-19 years) had an increase in consumption of these types of drinks. When comparing with Centers for Disease Control and Prevention statistics, this correlates with the time frame in which the incidence of overweight and obesity has been increasing. Survey data found the percent of total energy intake more than doubled in about a twenty-year time span among 2-18 year olds who drank SSB or FJ. For those children ages 2 to 5, the average SSB consumption equaled an extra 176 calories per day or about 10 percent of their total daily energy intake, double the daily recommendations set by the dietary guidelines. For 100% fruit juice, the average consumption by preschoolers was about 10-ounces per day, again above the recommended 4 to 6 ounces per day set by the AAP.

WIC clients were found to be receiving about nine and a half ounces per day of fruit juice. WIC, in an effort to keep food packages within dietary guidelines, has since limited a child's juice allotment to six ounces a day, which falls within the AAP recommendations. Finally, the largest consumption of SSB and 100% fruit juices was found to take place at home.

Source: For full article reference, see <http://www.pediatrics.org>. “Increasing Caloric Contribution from Sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents.” 1988-2004

Iron and Your Diet

Iron is an important mineral used by the body for growth and development and iron-deficiency anemia is one of the most common forms of malnutrition in the world. Some of the most affected population groups include those we serve in WIC. For children, iron deficiency is most common between the ages of 9 to 24 months. One of the challenges with iron is how efficiently the body absorbs it. In fact, children only absorb about 10 percent of the iron they get from the foods they eat. Adding to the challenge is that some foods may actually inhibit absorption, including healthy foods promoted by the Dietary Guidelines for Americans and WIC, such as those that contain fiber and calcium. Likewise, there are foods that may enhance absorption, such as vitamin-C containing fruits and vegetables and juices. Interestingly, iron from breastmilk is absorbed three times better than by other dietary means.

Researchers in a recent 2008 study from the *American Journal of Clinical Nutrition*, entitled "Relationship between iron status and dietary fruit and vegetables based on their vitamin C and fiber content" set out to evaluate if the vitamin-C content in fruits and vegetables influences iron status, and if the fiber content acts as an inhibitor. Researchers found that the fiber content in fruits and vegetables can have a negative influence on iron absorption if a person's current iron status is low, but not if their iron storage status is already high. Vitamin C only had an enhancing effect on non-heme iron absorption if consumed with meals. (Non-heme iron is the more poorly absorbed form of iron and comes from plant sources and some animal sources like egg yolks.) In addition, eating fruits and vegetables with varied degrees of vitamin C and fiber content tend to counteract each other and thereby have no influence one way or the other on iron storage status. In women, vitamin C intake was shown to have a positive influence with iron storage status.

Source: The full study article can be found in the *American Journal of Clinical Nutrition*. 2008;1298-305
Additional Sources: <http://www.nlm.nih.gov/medlineplus>.

WIC Program Celebrates Breastfeeding Awareness Month

By Gwen Sims and Sandy Kachur

On July 22, Harris County Commissioners' Court in Houston issued a proclamation designating Friday, August 1, 2008, as World Breastfeeding Day. Dr. Umair Shah, deputy director of Harris County Public Health & Environmental Services, accepted the proclamation from Harris County Judge Ed Emmett.

The proclamation urged the Harris County community to support and recognize the importance of breastfeeding and the social and economic benefits it provides to the family as well as to society.

In support of this year's theme, Surround Yourself with Loving Support, Dr. Shah highlighted the role breastfeeding plays in achieving optimal infant and maternal health. "The positive impact breastfeeding has on a child's long-term health is significant. Encouraging mothers to breastfeed their infants and the community to support the practice are important steps in health promotion in Harris County, Texas," said Dr. Shah.

To celebrate World Breastfeeding Month, Harris County Public Health & Environmental Services' WIC Program, Project 48, joined forces with The University of Texas Health Science Center WIC Program and the City of Houston Department of Health and Human Services WIC Program to provide information and educational literature on breastfeeding at several community locations, including area shopping malls and stores.

Breastfeeding peer counselors and WIC staff also attended several community events and provided presentations on the importance of breastfeeding to nearly one thousand families. Additionally, they attended back-to-school health fairs that support families who need assistance with school supplies for children.



Left to Right: Alisa Niederstadt, RN, IBCLC-Harris County Breastfeeding Coalition Chairperson; Gwen Sims, Assistant WIC Director, Project 48; Dr. Umair Shah, Deputy Director of Harris County Public Health and Environmental Services; Ed Emmett, Harris County Judge; Jane Van Nort, IBCLC, Project 48; Rita Achiaa, Breastfeeding Promotion Coordinator, Project 48.

next issue:

new WIC foods



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